

## **Berkshire Advanced Manufacturing Technical Training Program**

Please print clearly NAME:	
ADDRESS, CITY, STATE, ZIP:	
PHONE/CELL:EMAIL:	
EMPLOYMENT STATUS: Unemployed at:	Title:
MA STATE RESIDENT: Yes No Can you Provide Citizens	hip/Work Authorization? Yes No
ARE YOU CURRENTLY RECEIVING ASSISTANCE: SNAP Unemployment Insurance Other: Not receive	
HIGHEST LEVEL OF EDUCATION: 9th-12th grade, no diploma High School Diploma GED/High School Equivalency Some college, no degree Associate Degree: concentration:Bachelor Degree or higher: concentration:	
Please describe any prior work in manufacturing:	
Please indicate level of computer knowledge: No experience Email/Internet onlyBasic understaExperience with Microsoft WordExperience with Excel	ndingKnowledgeable
Which training program/s are you interested in?  Intro to Advanced Manufacturing (Pittsfield) January -May OR Intro to Advanced Manufacturing (North Adams) January -	
Please describe why you are interested in this manufacturing trainin	g:
How did you hear about this training?	
By signing below, I am committed to finding work in manufacturing, have reliable transportation, willing to have CORI and drug testing done, and can commit to the entire duration of this training program.	
Signature:	Date:

If special accommodations are needed please inform us in writing.